



**THE HEAVY CONSTRUCTORS
ASSOCIATION**
Of The Greater Kansas City Area

FAX TRANSMITTAL

Date: 10-28-10

Name: FEC Company: _____

Fax No.: 202-219-0174 Total Number of pages: 4
(including the cover page)

Message:

From: _____
Heavy Constructors Association

3101 Broadway Summit Building Suite 780, Kansas City, MO 64111
Phone: (816)753-6443 Fax: 816-753-1239

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|------------------|---|
| 1. (a) Name of Individual, Organization or Corporation Heavy Constructors Association of Greater K.C. Area | | 3. FEC Identification Number N/A |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3101 Broadway, Suite 780 | | |
| (c) City, State and ZIP Code Kansas City, MO 64111 | | <div style="border: 1px solid black; padding: 2px;">C</div> |
| 2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM

| | | |
|---------|----|------|
| 10 | 25 | 2010 |
| THROUGH | | |
| 11 | 02 | 2010 |

8. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

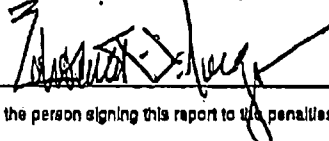
500000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Edward DeSaignie

10/28/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20489 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from each Report and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE **3** OF **3**
 FOR LINE 7 OF FORM 6

NAME OF FILER (In Full)

Heavy Constructors Association of Greater K.C. Area

Full Name (Last, First, Middle Initial) of Payee

Cambridge Consultant

Date

10 / 25 / 2010

Mailing Address

3965 W. 83rd Suite 291

Amount

5,000.00

City

Shawnee

State

KS

Zip Code

66208

Purpose of Expenditure

Billboard and Paper Ad

Category/
Type

Office Sought:

☒ House

State: MO

☐ Senate

District: 5

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Emanuel Cleaver II

Disbursement For:

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked Delivery Confirmation™ Label <input type="checkbox"/> |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED